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## PUBLIC EMPLOYMENT RELATIONS COMMISSION

112 Henry Street NE, Suite 300, Olympia WA 98506 Mail: PO Box 40919, Olympia WA 98504-0919 Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

2013 MAY -6 PM 3: 23

PUBLIC EMPLOYMENT RELATIONS COMMISSION

## PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

Form E-1 (9/2010)	Amended Petition in Case	e
Filing instructions: wv	ww.perc.wa.gov/Forms/E-1-inst.pdf	Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC
1. <u>PARTIES</u> The petitioner claims that a question concerning representation exists involving certain employees of the employer.		DESIGNATION OF REQUEST Select ONE.     RECOGNITION REQUEST The petitioner requests certification as exclusive representative of the bargaining unit.
EMPLOYER	Lincoln Hospital	CHANGE OF REPRESENTATIVE The employees in the bargaining unit want to designate the petitioner as their exclusive bargaining representative.  DECERTIFICATION The employees in the bargaining unit no longer wish to be represented by any employee organization.  INCLUSION OF UNREPRESENTED EMPLOYEES The petitioner requests to have a group of employees added to an existing bargaining unit pursuant to WAC 391-25-440.  EMPLOYER PETITION — DEMAND FOR RECOGNITION The employer has been presented with one or more demands for recognition (per attached documents) and requests a determination by the Commission.  EMPLOYER PETITION — INCUMBENCY QUESTIONED The employer has a good faith belief (per attached documents) that a majority of employees no longer desire to be represented by the incumbent bargaining representative.  3. BARGAINING UNIT  Department or Division Involved
Contact Person	Janelle Hiccox	
Address	10 Nichols St	
City, State, ZIP	Davenport, WA 99122	
Telephone	509-725-2979 Ext. <u>119</u>	
Fax	509-725-7147	
E-Mail	HiccoxJ@lhd3.org	
PETITIONER	SEIU Healthcare 1199NW	
Contact Person	Monica Lahr	
Address	901 E 2nd Ave Ste 110	
City, State, ZIP	Spokane, WA 99202	
Telephone	509-280-6772 (cell) Ext.	
Fax	509-456-5017	
E-Mai <b>l</b>	monical@seiu1199nw.org	
INCUMBENT BARGAINING REPRESENTATIVE (If one exists)		See attached sheet with full name of bargaining unit
		Number of Employees in Unit141
Contact Person		Bargaining Unit Description On a separate sheet of paper:  For a new bargaining unit, describe the proposed bargaining unit. Indicate proposed inclusions and exclusions.  If the bargaining unit already exists, provide the description in the collective bargaining agreement or in the PERC decision certifying the unit. Attach a copy of the parties' current or most recent collective bargaining agreement, or indicate the agreement is already on file with PERC.
Address		
City, State, ZIP		
Telephone	Ext	
Fax		
E-Mail		
	•	accompanied by a showing of interest indicating that the petitioner gaining unit.
5. OTHER RELEVA	NT FACTS Indicate If applicable.	
⊠ ADDITIONAL I	INFORMATION is set forth on separate she	ets of paper attached to this petition
6. AUTHORIZED SIGNATURE FOR PETITIONER		
Print Name Monica Lahr Title Organizer		
Signature 1) 1 0 6 h 8 Date 4/23/13		

Included: All regular and part-time EMTs employed by Lincoln Hospital District #3.

Existing Bargaining Unit (Decision 4086) includes the following:

ALL FULL-TIME, PART-TIME AND ON-CALL PROFESSIONAL, TECHNICAL, SKILLED MAINTENANCE, BUSINESS OFFICE CLERICAL, AND NON-PROFESSIONAL EMPLOYEES OF THE EMPLOYER; EXCLUDING MANAGERS, SUPERVISORS, CONFIDENTIAL EMPLOYEES AND CASUAL EMPLOYEES.



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DIANE SOSNE President

April 30, 2013

PUBLIC EMPLOYMENT RELATIONS COMMISSION

**CHRIS BARTON** Secretary-Treasurer

Dario de la Rosa 112 Henry Street NE Suite 300 Olympia, WA 98506

**DELIVERED VIA CERTIFIED MAIL** 

**EMILY VAN BRONKHORST Executive Vice President** 

SCOTT CANADAY Vice President - Public Sector

Subject: Petition for Inclusion of Unrepresented Employees

**GRACE LAND** 

Vice President - Private Sector

Dear Dario de la Rosa:

SERVICE EMPLOYEES INTERNATIONAL UNION

Enclosed please find a copy of the Petition for Investigation of Question Concerning Representation for which the named parties are Lincoln Hospital, employer, and SEIU Healthcare 1199NW, petitioner. Also enclosed are completed Membership Application cards and Authorization for Payroll Deduction cards.

15 S. Grady Way, Suite 200 Renton, WA 98057 425.917.1199

1.800.422.8934

Fax: 425.917.9707

Margaret Cary General Counsel

Sincerely,

www.seiu1199nw.org

Enclosures (2)

**TACOMA OFFICE** 3049 S 36th St Ste 214 Tacoma WA 98409 253.475.4985 Fax: 253.474.3931

YAKIMA OFFICE 507 South 3rd Street Yakima, WA 98901 509.573.9522 Fax: 509.248.0516

SPOKANE OFFICE 901 E. 2nd Ave. #110 Spokane, WA 99202 509.456.6986 Fax: 509.456.5017